RENEWAL WORKSHEET

| USE THIS FORM IF ORDERING A NEW PLATE (USING ANY PAYMENT METHOD), OR TO PAY BY CREDIT CARD MasterCard Visa Discover Check/Money Order My signature below authorizes the Michigan Department of State to charge my account and to reduce the amount charged if only part of my transaction can be completed. | List each plate #, driver license #, watercraft #, or snowmobile # being renewed. Mail entire renewal document(s). | Renewal Fee | If ordering a new plate, complete these columns | | |
|--|---|--------------------------------------|---|--------------------------|------|
| | | | New Plate Code | Additional Plate Fee* | |
| | | \$ | | \$ | =\$ |
| | | \$ | | \$ | =\$ |
| SIGN your name: | | \$ | | \$ | =\$ |
| PRINT your name: | | \$ | i | \$ | =\$ |
| Daytime telephone # or E-mail address: Credit Card Number | | Specialty Pla it Card ion Date | tes - \$35, Oly Enter Total F | | \$25 |
| | | \$ | 6 | 00 | |